

N13000009884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



(Business Entity Name)

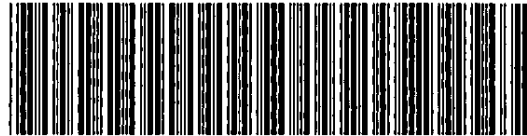
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** Guardian ad Litem Foundation of Escambia and Santa Rosa Counties, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: James F. Turner, Esq.  
Name (Printed or typed)

5208 Elmira Street  
Address

Milton, Florida 32570  
City, State & Zip

850-983-0725  
Daytime Telephone number

james@jamesturnerlawfirm.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

# ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

## **ARTICLE I NAME**

The name of the corporation shall be: Guardian ad Litem Foundation of Escambia and Santa Rosa Counties, Inc.

## **ARTICLE II PRINCIPAL OFFICE**

Principal street address:

5208 Elmira Street

Milton, Florida 32570

Mailing address, if different is:

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Provide support to the First Circuit Guardian ad Litem Program.

## **ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Members vote on Directors. Initial members made up of volunteers.

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: James F. Turner, Jr., President

Address: 3660 Wilder Road  
Cantonment, FL 32533

Name and Title: Rebecca Garvin, Secretary

Address: 2574 Highway 297-A  
Cantonment, FL 32533

Name and Title: Charles Nelson, Treasurer

Address: 103 Cypress Breeze Dr.  
Santa Rosa Beach, FL 32459

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: James F. Turner, Jr., Esq.

Address: 5208 Elmira Street  
Milton, Florida 32570

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: James F. Turner, Jr., Esq.

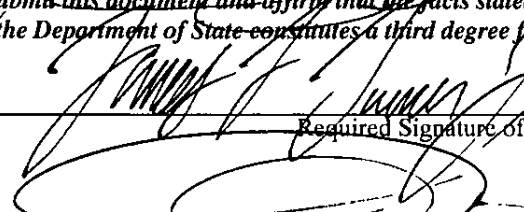
Address: 5208 Elmira Street  
Milton, Florida 32570

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature of Registered Agent

10/21/2013  
\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
\_\_\_\_\_  
Required Signature of Incorporator

10/21/2013  
\_\_\_\_\_  
Date

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TALLAHASSEE FLORIDA